

Strategic Plan

AUGUST 1999 (Revision 5)

Mission

The mission of Raymond W. Bliss Army Health Center is to optimize the health and fitness of the Ft. Huachuca community, to provide trained medical soldiers ready to accomplish the Army mission, and to appropriately apply available resources to achieve these ends.

Vision

Raymond W. Bliss Army Health Center is the health care provider of choice for TRICARE Prime beneficiaries in southeastern Arizona.

Army Values

Loyalty: Bear true faith and allegiance to the U.S. Constitution, the army, and other soldiers.

Duty: Fulfill your obligations.

Respect: Treat people as they should be treated.

Selfless-service: Put the welfare of the nation, the army and your subordinates before your own.

Honor: Live up to all the army values.

Integrity: Do what's right, legally and morally.

Personal Courage: Face fear, danger, or adversity.

Customer Focused Environment

- Become the provider of choice for an educated and informed population by exceeding our customer's expectations.
- Members of the workforce willingly provide outstanding service.
- Provide a pleasant patient friendly environment

Goals

Pleasant: Prompt and courteous acknowledgement of customers.

Supervisors will measure promptness and courteousness of staff as a basis for awards and appraisal ratings starting Oct 98. ***Quality Council***

When job standards are reviewed during annual counseling quantifiable measures of courtesy and prompt customer attention will be addressed.

Primary Managers/Deputy Commanders

Maintain customer service training IAW HA directive with focused training program. ***CPT Boswell***

Conduct staff survey annually to assess staff morale. ***DCA***

Improve, by at least 5%, the lowest scores on the most recent staff survey.

Convenient: Waiting time for service is minimized

90% of patients will be seen within 30 minutes of appointment time. ***CSD***

Analyze Patient Satisfaction Survey regarding length of wait and actual wait times. ***Carol Tucker***

90% of the time the telephone calls will be answered by a person within 120 sec.

Nobody will be on hold for greater than 15 minutes.

All telephone messages taken will be returned the same day.

Will meet the TRICARE access standard for all appointment types.

Prevention: Reduce Complaints

Reduce the ratio of complaints reported to patient representative per the number of patient visits.

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Customer Focus *Continued*

Satisfaction: Improve Patient Satisfaction

Consistently exceed the MHS Score for questions 5 & 12 of the commander's report card.

Simplify: Make information about utilization of the health center readily available to all customers so they can navigate the system with ease.

Finalize and distribute patient handbook to explain resources by the end of 4th QTR 99. **CSD**

Competent Well Educated Staff **METS**

- Sufficient number, properly skilled, appropriately distributed staff, with the credentials, and skill maintenance to meet RWBAHC mission requirements.

GOALS

Readiness: Meet the MEDCOM training guidance standards.

90% PROFIS personnel will be trained IAW GPRMC guidance.

90% of all AD will be CTT trained each FY.

Military Development: Emphasize Importance.

Maintain monthly Officer Professional Development

Professional Education: Provide the opportunity and resources for required and additional continuing education

25 Cat 1 CMEs offered on site annually.

12 CE's offered on site annually.

100% of staff will attend BART day annually.

Education: Base on needs assessment.

Education needs assessment will be conducted for clinical staff before budget annually.

Teamwork: Staff skilled in interpersonal communication

80% of all employees will have completed 8 hours of CO2 training by end of FY 99.

Effective Utilization of Resources

- Exploit technology for maximum personnel effectiveness and efficient patient management.
- Use utilization data, patient appointment system (PAS) data, and methods analysis, to improve efficient use of resources.

Needs driven: Healthcare services to be provided, number of providers, and provider mix, will be based on community needs.

ASAM, MMPI, Optimization staffing reports, Admin Review and Analysis, Patient Satisfaction, Health Consumer Advisory Board, and TRIWEST data will be reviewed regularly in order to provide data for above stated goal. **QC**

Productivity: Use PAS data and provider template management to maximize productivity.

Evaluate standard template parameters for providers such as amount of administrative time per week per provider, length of appointment per appointment type, etc. **DCCS/DCA**

Monitor PAS data such as no-shows, provider cancellations, un-used appointments and make adjustments as necessary to improve productivity and access. **DCCS/DCA**

Budget: Achieve effective budget management, which distributes resources appropriately through input from MEDDAC staff.

Conduct quarterly PBACs and a budget needs assessment annually prior to the new FY. **RMD**

Technology: Continually enhance automation posture to achieve efficiencies in the workplace, improve communications and telecommunications, and strengthen support for healthcare delivery.

Conduct Information Management Guidance Council every two months/Update IMP plan annually with input from all departments/divisions focusing on needs assessment of the organization. **IMD**

IM and Medical Equipment is Y2K compliant per MEDCOM standards. **IMD**

Consolidate: Consolidate like areas so personnel, resources, and facilities are assigned appropriately and efficiently.

Develop a complete management plan for the combined primary care clinics by 1 Feb 00.

The combines primary care clinics "dream team" will provide a timeline to the QC regarding planning goals, strategies, and milestones by 1 Dec 99.



High Quality Integrated Health Care System

Develop self care program for trainees by 15 Dec 99.
DCN/CDR/SGM

- Have a healthy, informed, PCM-guided, community that practices preventive medicine and assumes more responsibility for their health care
- Have a network (civilian, military, contract) which provides beneficiaries with high quality and seamless service.

GOALS

Prevention: Initiate PPIP. Leona Smith

Enroll 90% of prime patients in PPIP in 3 years.

Develop a program through which preventive care, screening, and education is reviewed annually by PCMs by June 00. **DCCS**

Network: Facilitate maintenance and expansion of the local network of providers. Mr. Bob Hooper

Analyze: Use statistical analysis for decision making.

By 1st QTR 00, initiate the measurement of the health of our beneficiaries. **DCCS**

Implement clinical practice guidelines IAW MEDCOM guidance. **UM**

Consistency: Enhance continuity of care.

Implement empanelment to individual providers by 2 Jan 00. **DCCS**

Self-Sufficiency: Empower patients.

Incorporate Self-Care Intervention Program and PPIP into post inprocessing by end of FY 99. **DCN**

By March 00, 80% of patients will leave clinic visits with written instructions. **DCCS/Clinic Directors**

By end of FY 99, 50% of patients sent for referral will have a completed consult on their record within 15 days of their visit to the specialist and 100% will have completed consult in 60 days. **DCCS**

JCAHO: Maintain continual survey readiness

Resolve all JCAHO supplemental findings by end of FY 99. **PI**

Demonstrate compliance with JCAHO standards during annual review. FEB annually. **PI**

Demand Management: Ensure most medically appropriate appointing

Institute nurse triage program by Dec 99. **DCN**